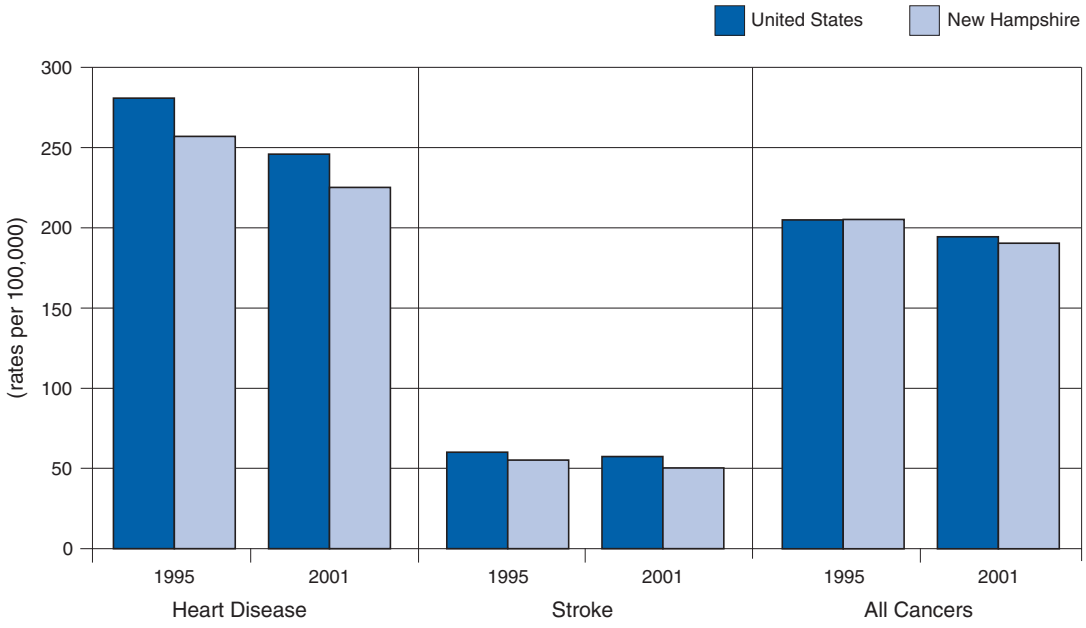
New Hampshire

Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and New Hampshire, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

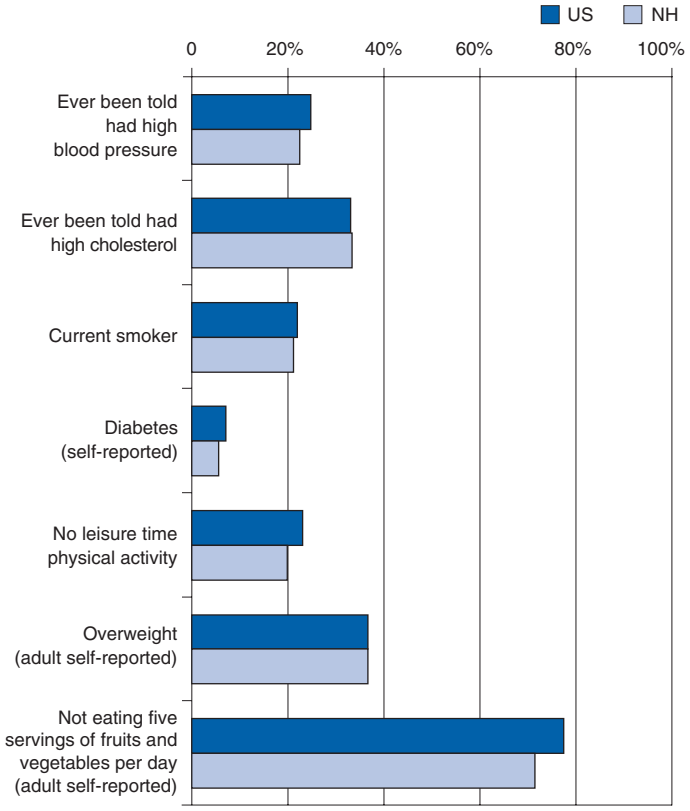
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in New Hampshire, accounting for 2,835 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 633 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 2,590 are expected in New Hampshire. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 6,290 new cases that are likely to be diagnosed in New Hampshire.

Estimated Cancer Deaths, 2004

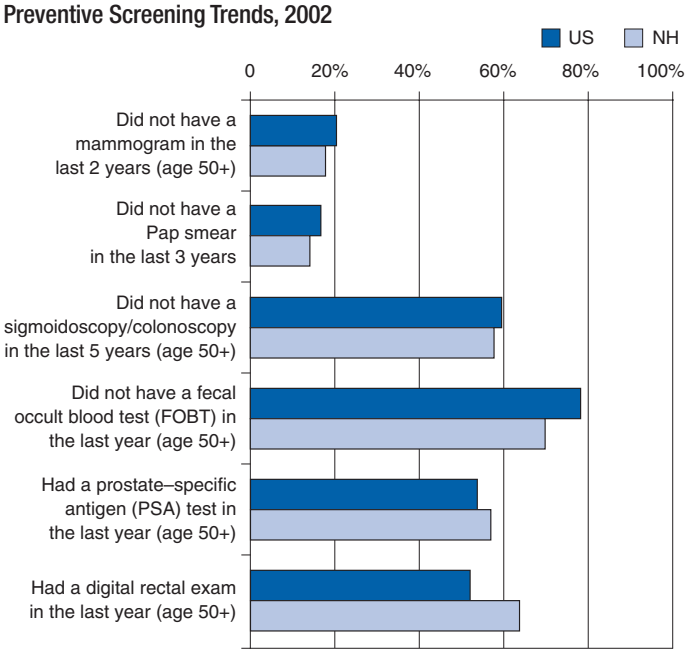
Cause of death	US	NH
All Cancers	563,700	2,590
Breast (female)	40,110	170
Colorectal	56,730	260
Lung and Bronchus	160,440	740
Prostate	29,900	130

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

New Hampshire's Chronic Disease Program Accomplishments

Examples of New Hampshire's Prevention Successes

- Statistically significant decreases in cancer deaths among white men (285.9 per 100,000 in 1990 versus 258.5 per 100,000 in 2000).
- A 12.5% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 30.3% in 1992 to 17.8% in 2002), and a statistically significant decrease in the breast cancer death rate from 39.6 per 100,000 in 1990 to 26.2 per 100,000 in 2000.
- A lower prevalence rate than the corresponding national rate for self-reported diabetes (5.6% in New Hampshire versus 7.1% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to New Hampshire in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for New Hampshire, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) *New Hampshire BRFSS*	$221,900
National Program of Cancer Registries *New Hampshire State Cancer Registry*	$614,930
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	$0
Diabetes Control Program *New Hampshire Diabetes Advisory Group* *Diabetes Education Program* *Diabetes Lending Library* *Professional Education Conference* *Statewide Public Information Campaign* *New Hampshire Guidelines for Diabetes Care*	$326,077
National Breast and Cervical Cancer Early Detection Program *Breast and Cervical Cancer Program*	$1,523,288
National Comprehensive Cancer Control Program *Comprehensive Cancer Control Program*	$125,794
WISEWOMAN	$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program *New Hampshire Tobacco Prevention and Control Program*	$871,372
State Nutrition and Physical Activity/Obesity Prevention Program	$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	$947,217
Total	**$4,630,578**

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in New Hampshire that fall into other health areas. A listing of these programs can be found at http://www.cdc.gov/nccdphp/states/index.htm.

Opportunities for Success

Chronic Disease Highlight: Diabetes

According to the CDC's mortality data, diabetes, the 7th leading cause of death in New Hampshire, is also a leading cause of blindness, kidney failure, and lower limb amputation. In 2002, 6.2% of New Hampshire's population—58,000 adults—reported that they had been diagnosed with diabetes. This figure is likely to be an underestimate, because it only counts adults who have been diagnosed with the disease. It is estimated that up to one third of people with diabetes in New Hampshire are not aware that they have the disease.

The three main risk factors for diabetes are age, weight, and physical inactivity. Data from the CDC's Behavioral Risk Factor Surveillance System indicate that the percent of adults in New Hampshire who are overweight has increased from 32.8% in 1990 to 36.7% in 2003, and the percent of adults who are obese has increased from 11.1% in 1990 to 20.2% in 2003. These trends are similar to the national trends for overweight and obesity. In 2003, almost 20% of New Hampshire adults reported having no leisure time physical activity in a given month.

People with diabetes also are more likely to have risk factors for heart disease. In 2001, data collected by the New Hampshire Diabetes Education Program found that 64% of New Hampshire adults with diabetes reported a history of high blood pressure and 57% reported having high blood cholesterol. In addition, 17% of New Hampshire adults with diabetes were smokers.

In 2001, there were 15,163 hospitalizations in New Hampshire among people with diabetes. In the same year, there were 82 people with diabetes who had kidney failure and 243 people who had a lower extremity amputation.

There are measures people with diabetes can take to prevent diabetes complications, such as obtaining regular eye and foot exams. In 2002, 80% of adults with diabetes in New Hampshire reported that they had received an eye exam in the past year. During the same year, 78% of adults with diabetes reported having had at least one foot exam in the past year.

The Diabetes Education Program works to address the issue of diabetes in New Hampshire. The mission of the program is to prevent or delay the onset of diabetes-related health problems by improving quality of care in the systems through which most New Hampshire residents receive their health care. Activities are targeted primarily at community health centers and primary care providers.

Text adapted from *Diabetes in New Hampshire, Issue Brief,* June 2004.

Disparities in Health

New Hampshire is a fairly homogenous state—only 4% of its population is not white. However, almost 40% of the state's population lives in rural areas where access to and use of preventive health services is often low. A 2004 report released by the Rural Health and Primary Care Unit of the New Hampshire Department of Health and Human Services examined the differences in health between rural and urban residents. In terms of health outcomes, the overall age-adjusted mortality rate of rural residents was comparable to that of nonrural residents. The actual mortality rate, however, was higher among rural populations, primarily because these populations tend to be older. For example, the actual (non-age-adjusted) heart disease death rate in New Hampshire was 259.1 per 100,000 in rural areas and 202.5 per 100,000 in nonrural areas. Actual cancer death rates also were higher among the state's rural population (226.6 per 100,000 versus 178.9 per 100,000). The age-adjusted rate of hospitalizations for heart disease in New Hampshire was higher among the state's rural residents than among nonrural residents (1,104.5 per 100,000 versus 1,015.1 per 100,000).

In areas of chronic disease prevention, there were not many significant differences between the rural and nonrural populations, although the rural population reported slightly higher percentages of risk factors. For instance, 24.3% of rural residents reported that they had been told they have high blood pressure, compared with 22.2% of nonrural residents. The proportion of study respondents that reported having diabetes was higher in rural areas, but the difference was not statistically significant (6.8% for rural residents versus 4.6% for nonrural residents). Rural respondents also were more likely to be current smokers than nonrural respondents (25.5% versus 22.9%).

Data on health disparities among racial and ethnic minority populations in New Hampshire are limited. For instance, CDC's Behavioral Risk Factor Surveillance System data do not provide enough cases among African American and Hispanic populations to make conclusions about risk factors related to chronic disease prevention.

Other Disparities

- **Heart Disease:** From 1996 to 2000, African Americans (306 per 100,000) and Hispanics (131 per 100,000) in New Hampshire had lower heart disease death rates than whites (496 per 100,000).

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